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CASE OF THORACIC ANEURISM—DEATH—AUTOPSY. REMARKS ON
THE TREATMENT OF INTERNAL ANEURISM.

[Read before the Boston Society for Medical Observation, February, 1866, and communicated for the Boston Medical and Surgical Journal.]

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A MERCHANT, formerly a mariner, born in Europe, but for the last two years a resident in Massachusetts, called on me, December 2d, 1865, with a letter from his attending physician, asking consultation. His history was as follows :—

He had usually enjoyed excellent health, except that when on the African coast he had suffered from the fever incident to that climate, and ever afterwards had had at times temporary and slight febrile exacerbations like those suffered on that coast. They do not appear to have injured in a permanent manner his usual health. For the past year he had occasionally spoken to his wife of some pains in the throat, but they were of so trivial a character that she thought little of them. During the same period he had had some difficulty in micturition, obliging him to rise four or five times each night in order to urinate. He had formerly smoked "about all the time," but of late he had used tobacco much less freely, and with great relief to palpitation, which he had attributed to the inordinate use of this article. With the above exceptions, and while in the possession of apparently the most robust health—being able to come from the town where he resided, fourteen miles distant, into the city for the transaction of business and to return with perfect ease each day—he was seized, about two months before I saw him, with the following symptoms. He was not aware of having had any special strain, or of any other accident sufficient to cause them. He had gone to bed in his accustomed health, was awakened suddenly in the night, and found himself with almost complete aphonia and a certain hoarseness of breathing. No other obvious symptoms, except the slightest dyspnoea at first, which, however, soon subsided. No chill or heat, or sign of acute inflammatory or febrile disease. His peculiar hoarseness of breathing and speaking remained ever after until his

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death. In a day or two, severe neuralgic pains began to shoot up on both sides of the face and head, especially at the right side. This headache continued in spite of all remedies. It was especially severe at night, preventing quiet sleep. The palpitation, which after leaving off the tobacco had decidedly lessened, now returned, at times violently. He had applied to a homœopathic practitioner, and to the use of his medicines the increase was attributed. Finally, three days before I saw him, he had consulted the physician who sent him to me. All the symptoms had been gradually augmenting. His attending physician had examined the urine and had found no albumen in it. On further inquiry, I elicited the following. From his first attack he had had at times very severe paroxysmal and ineffectual cough; sometimes quite dry, at others accompanied by copious frothy sputa, never bloody. Within the week previous, violent pains had set in between the shoulders, shooting around the left side of the thorax. He had also lost some appetite and some strength. His nights had become very distressing from the influence of the pains—needing large opiates for relief. He had had no hectic or marked fever, and had preserved a good degree of strength. During the week previous, he had also noticed a little difficulty in standing erect, which was not relieved by bending forward, but rather by throwing the spine a little backward. At my office he appeared like one in perfect health, except that he was hoarse, as from accumulation of mucus about the larynx, but the peculiar *moist* characters of the hoarseness were unchangeable. His countenance was easy, having no evidence of serious disease. His radial pulse was regular, equal in both wrists, sufficiently full, and of normal frequency. The left carotid and temporal were less manifest than the corresponding arteries on the right. By the laryngoscope, the parts of the larynx and throat were seen to be normal. The physical signs were as follows:

Flatness to second rib at the right, and over the whole of the left breast down toward the side. Behind, there was a very little less sound in the lower two or three inches of the left back.

Inspection showed nothing remarkable, except that the heart was seen faintly pulsating a little outside of a line let fall from the nipple, and lower down than usual. No local prominence, nor was there any manifest difference between the motions of the two breasts. Behind, motion was decidedly less of the left scapula than of the right.

Palpation. The apex of the heart was felt beating, not forcibly, lower and more towards the left side than usual. There was a thrill felt about the second rib on the left breast. Behind, nothing peculiar, and no pain produced by smart blows or by pressure over the various vertebræ.

On auscultation, the respiratory murmur was scarcely heard under the right clavicle down to the second rib. Loud puerile murmur heard immediately below and in the major part of the same lung,

front and back. Almost total absence of respiration in the left breast and side where flat. The murmur was normal, but less in the left than in the right back, and where there was dulness on percussion the murmur was quite obscure and somewhat bronchial. No râle anywhere in either lung. The sounds and impulse of the heart were heard and felt an inch lower down and more towards the side than usual. The sounds were normal. About the second and third ribs in the left breast was a double beat, as of the two sounds of the heart, and impulse was conveyed to the ear. Under the right clavicle was a bellows murmur.

The sudden hoarseness and its persistence; the violent neuralgic pains of the face and neck, and finally of the thorax; the peculiar paroxysmal, violent and often apparently ineffectual cough, and the absence of all signs of tubercular or malignant disease; the retention, in fact, of perfect health, except in the particulars named—these positive and negative phenomena, combined with physical signs showing conclusively that there was something preventing the free action of the front part of left lung and upper part of the right; the double beat, as of a second heart, heard in the left breast, and the bellows murmur under the right clavicle—all these phenomena seemed to indicate clearly the existence of an aneurism of the arch of the aorta. It moreover *seemed*, from the extensive dulness, to be quite a large one, interfering with the inferior laryngeal nerve and the nerves of the neck and chest. Regarding it in this light, and having, I confess, not seen the pamphlet of Dr. Tuffnell, to which I shall presently allude, I did not deem it necessary to do anything more than to frankly tell the patient of the nature of the disease, and to warn him against over-exertion in anything, to keep the digestive functions in good order, and for the pains I suggested subcutaneous injections. He had previously used various remedies—all without avail. I allowed him to attend *moderately* to business.

Dec. 15th—just thirteen days after I saw him—he visited the city, transacted business as usual, seemed quite well, went home, sat down and read during the evening, and retired to bed; fell asleep and awoke, as usual, with pain. His wife gave him an opiate, and he then fell asleep. She awoke in the morning and found her husband standing up by the bedside, bleeding copiously. In a minute or two he sank on the floor and expired without uttering a word. He had concealed the fact of the dangerous nature of the complaint. The blood that came from his mouth filled half of a washbowl and half of a chamber vessel.

The autopsy, as given by the attending physician, presented the following results:—In the left chest was about three pints of a serous fluid. The lung was condensed and incapable of respiration; no signs of inflammation. In the right chest were old pleuritic adhesions, with old tubercles at the apex. The bronchial tubes were filled with blood. Stomach and duodenum also filled with the same.

Liver softened. Kidneys soft and flaccid, and under the microscope showed fatty degeneration. The heart was normal, but an aneurism, about two inches in diameter, arose at the back of the arch of the aorta. It had pressed upon the left primary bronchus and caused a thinning of its walls for a space of one and a half or two inches, and in one part a rupture had taken place through a small aperture. The inferior laryngeal nerve was flattened out and nearly lost in the wall of the tumor. Neither of the vessels springing from the arch was obstructed. The aorta throughout its course was atheromatous, and a small aneurism, just commencing, about the size of the top of the thumb, was found a little above the origin of the vessel.

A few remarks may be made on the above. The fluid in the chest must have increased during the fortnight after I saw him, for if three pints had existed at my examination the heart would not have been to the left side, but would have been dislocated toward the right, and greater dulness would have been found in the left back. The tubercles at the apex of the right lung, though not suspected from the account the patient gave of his previous life, explained the dulness and absence of respiration under the right clavicle. I suppose that the dulness in the left breast must be explained by the condensation of the lung, owing, perhaps, to the pressure on the bronchial tube leading to it, as Dr. Ellis has described such results to occur in certain cases of aneurism.* It made the aneurism appear very large, whereas it was comparatively small. Only after his death did I have an opportunity of seeing Dr. Tuffnell's pamphlet, which proposes the revival, in fact, with modifications, of what is called Valsalva's method of treatment in cases of internal aneurism. Dr. Tuffnell's pamphlet is entitled "The Successful Treatment of Internal Aneurism, illustrated by Cases in Hospital and Private Practice."† I intend to make use of the facts contained in it. I shall present some views of treatment different in a measure from those of Valsalva and Tuffnell, while at the same time I shall depend upon both of them for my own suggestions. I think it best, therefore, as introductory to the remarks, to refer to the history of the treatment of internal aneurism.

Somewhat more than a century and a half ago, Albertini and Valsalva, professors in the famous and ancient University of Bologna, revolving together one of the directions of Hippocrates for the proper way of curing varices—viz., by drawing blood from them and using *dry* lint—determined to try that treatment in the cure of internal aneurism. Accordingly, adopting what we must suppose, at least, to have been another precept of Hippocrates—viz., quietness of body during the attempt at cure—they agreed to put all their patients suffering from internal aneurism under the three following rules:—1st. Repeated venesection. 2d. A peculiar and very restricted diet. 3d.

* See Boston Medical and Surgical Journal, Dec. 4, 1856; Nov. 2, 1861.

† By Jolliffe Tuffnell, F.R.C.S., M.R.I.A. Churchill, 1864.

Rest in bed. It appears from Morgagni's* account of the method that Valsalva first tried the plan, which Morgagni thus describes. "When Valsalva had taken as much blood as was necessary, he ordered the quantity of meat and drink to be diminished more and more every day, until only half a pound of pudding was taken in the morning and only half that quantity in the evening, and nothing else except water, which was measured and medicated. After the patient had been sufficiently reduced by this method, so that he could scarcely raise his hand from the bed to which by Valsalva's directions he was confined, the quantity of aliment was, day by day, increased until the strength that was necessary for him to get up had returned." With this treatment Valsalva had been very successful in those cases where the patient would submit to the course laid down.

Although it is by no means evident that Valsalva always prescribed very frequent bleeding, still that seems to have been understood as his chief element of cure, and every one, in speaking of that method since, means repeated venesection; the rest and restricted diet being of inferior importance, and absolute quiet being hardly thought of. Even as late as the last quarter of a century, Dr. Hope, certainly one of the most eminent writers of the day on diseases of the chest, when speaking of Valsalva's method, writes of venesection being made under his own care to the amount of ten ounces twice daily for six or seven days; that is, from one hundred and twenty to one hundred and forty ounces in a week. In one case he says "ten ounces daily were taken for sixteen successive days, with excellent result." But on the whole, he "prefers rather larger bleeding at once, say fifteen to twenty ounces, and ten or fifteen ounces twelve hours afterwards, then six or seven ounces every six hours afterwards for a time." He admits, however, that reaction does at times occur, and that the heart instead of going more slowly really becomes more rapid under such treatment. In these days of wide-spread scepticism in regard to all active treatment, combined with the fact already noticed, that the heart becomes quicker instead of slower after repeated venesection, and the still further fact (the reverse of the opinion formerly held), viz., that copious venesections do not tend to improve but rather to deteriorate the blood, these three circumstances would naturally have led to the giving up of Valsalva's plan if that plan rested chiefly on extravagant bleeding. But let it always be borne in mind that that plan rested on three great ideas, each of which I contend should be borne in mind, and neither be allowed to run rampant, so to speak, as in the earlier interpretation of the method. In our day, it seems that Dr. Bellingham and Dr. Tuffnell, revolving the whole subject, determined, as Valsalva and Albertini in olden times had done, to try the plan after nearly or quite eliminating the one element of

* De Causis et Sedibus Morborum.

venesection. Dr. Bellingham died before the completion of the joint work, and Dr. Tuffnell publishes a small pamphlet, trusting to the value of the cases recorded in it rather than to the size of his book, to make the method widely known. Surely he was correct, and if success equal to what he states he arrived at be gained by those who shall experiment after him, he is destined to hold a most enviable position as one of the profession who, by philosophic thoughts, has done more for practical medicine in the treatment of aneurism than any other writer since Hippocrates. For surely a man who *seems* to prove that five cases out of six of any disease heretofore considered incurable, save by the most devoted follower of Valsalva, are now curable, such a man deserves the highest reputation. I do not exactly like Dr. Tuffnell's statements in regard to Valsalva. In the early part of his pamphlet he says that he had thought that the views entertained by the great Italian might be confirmed by practice, and at another part he says that he considered that Valsalva's views modified would bring about the desired object in the cure of internal aneurism. But later he speaks of his (Valsalva's) propositions as being "ill conceived," while at the same time he adopts two of them—viz., the recumbent position and the restricted diet, which latter is very nearly identical with that of his predecessor, and is the most annoying to the patient, while I do not think that he would wholly refuse an occasional venesection, under peculiar circumstances. The fact is, Dr. Tuffnell's plan is Valsalva's, and the propositions are Valsalva's, only Dr. Tuffnell wisely *modifies* them. Before the end of this paper, I hope to suggest a still further modification. I propose to the members to carry out this course whensoever any one has a case, and report the result to this Society. Perhaps in this way we may in ten or twelve years get our quota of evidence that may still further aid the profession in the treatment of this dire disease. Let me give you a very brief analysis of Dr. Tuffnell's cases:—

1st. An Irish carman, æt. 35; 1851, in hospital; aneurism abdominal, aortic, size of an orange. Treatment—horizontal position three months. Food— $\frac{3}{4}$ viii. solids, $\frac{3}{4}$ vi. liquids in twenty-four hours. Recovery perfect.

2d. Seaman; æt. 39; 1854, in hospital; internal aortic aneurism—undoubted. Ten weeks perfect rest and restricted diet. Complete recovery.

3d. Die-cutter, æt. 54; 1854, in hospital; aortic aneurism, projecting through sternum; all the severer symptoms; integuments alone covering tumor. In three months "general health excellent," and all local signs less; tumor had grown firmer. Finally, he resumed work. Varicose, external vessels were seen in great numbers three years afterwards. The man still at work.

4th. A fat, indolent merchant, with abdominal aneurism five inches in diameter. In three months, tumor quite solid, though pulsating. Thirteen weeks on his back.

5th. A gentleman, æt. 30; a hunter and high liver; October, 1855. Aneurism at the bifurcation of the aorta. In nine weeks, better; in six months, no pulsation remained. He then made over-exertion and needed venesection; again relief. Subsequently, other surgeons saw him and laughed at the idea of there being aneurism, and advised hunting, &c., as before. In eighteen months the aneurism suddenly burst.

6th. Laborer, æt. 30; in hospital, January, 1864. Abdominal aneurism. Pulse, 104 standing, 66 lying. Disease stayed by treatment.

Certainly these are very significant facts, even if there were many more in which there may have been less success. But let me now revert to the plan pursued whereby these results were obtained.

Dr. Tuffnell's treatment was, first, by perfect rest in a recumbent position for two or three months, during which time the patient never raised himself, even to the semi-recumbent posture, but might turn carefully from side to side, and at times lie on his face to relieve his back. He was directed to have some one at hand to assist and to read to and talk with him. He was to be placed in a sunny room, and, if possible, where he could see somewhat of what was going on out of doors and be generally amused. His bed was to be soft, and arranged properly for his stools, &c. Secondly, he was to have a "restricted diet"—viz., three meals per diem. For

Breakfast, white bread and butter,	§ ij.;	milk or cocoa, § ij.
Supper, " " " "	§ ij.;	" or tea, § ij.
Dinner, { meat, broiled or boiled,	§ iij;	water or claret, § iv.
{ potatoes or bread,	§ iij.;	
Total,	§ x.	§ viij.

and "no more" (page 30, pamphlet). Under this course, Dr. Tuffnell claims to have cured five out of six cases of aneurism of the aorta, and one of them large enough to project through the sternum.

In reflecting upon the subject, the following suggestions naturally occur. Wherein consists the real difference between the plans followed by Valsalva and Dr. Tuffnell, save in the *reasonable* use of venesection by the latter? Dr. Tuffnell says, "the starvation plan spoken of by Valsalva, if employed with bleeding, would prevent the possibility of fibrine being renewed in the blood after it was removed by venesection." Yet he advises an equally starving plan when he orders such a diet as that given above. It is, in fact, the most annoying part of Dr. Tuffnell's principle of action. A few months since, Dr. H. J. Bigelow, of this city, was trying Dr. Tuffnell's plan upon a patient at the hospital, and the patient eloped. Dr. T. expressly states that it would not be submitted to by *one* of his own patients, and he does not tell us how many others were unwilling to submit to it, although he intimates that there were some others.

Let us consult physiology on this matter. A healthy man, according to Dalton,* needs, while exercising during the day, $\frac{3}{4}$ xlvij. of solid food and $\frac{3}{4}$ li. of liquid. In other words, five times as much solid and more than six times as much liquid as Dr. T. allows. Hence it seems to me that Dr. Tuffnell's criticism upon the "starvation" plan of Valsalva is hardly just by the side of his own; for Valsalva, as Morgagni tells us, gave $\frac{3}{4}$ xij. of solid food—that is, $\frac{3}{4}$ ij. more than Dr. Tuffnell allows—and an indefinite amount (restricted doubtless) of liquid *per diem*. Now the question that arises in my own mind is, whether Valsalva and Dr. Tuffnell are not both wrong in carrying out the "starvation" plan, and whether a *modified* diet, and yet enough to satisfy the cravings of hunger and thirst, may not be allowed with perfect safety, and also with success, in the cure of aneurism, provided perfect rest of the body be enjoined. To discuss this question, let us refer again to the physiologists and see what they will tell us. Dalton* gives the following as the composition of the blood. In one thousand parts—

Fibrine	-	-	-	-	-	-	-	-	-	4.05
Albumen	-	-	-	-	-	-	-	-	-	78.84
Water	-	-	-	-	-	-	-	-	-	902.90
Phosphates of lime and magnesia, sulphates of soda and potass., chlorides of sodium and potassium	-	-	-	-	-	-	-	-	}	8.55
Fat	-	-	-	-	-	-	-	-	-	1.72
Extractive matters	-	-	-	-	-	-	-	-	-	3.94
										<hr/> 1,000.00

The whole object of Hippocrates by his diet, and of Valsalva with his "starvation" plan and of Tuffnell with his "restricted" diet is, *first*, to make the blood more thick, less watery, and, on the part of the two later writers, to make it fibrinous, so that coagula may form in the vessels. *A priori*, therefore, one would think that a moderate amount of a *peculiar* diet rather than a starving treatment would be the wisest. In other words, we should use a kind of diet that, while satisfying the absolute cravings of appetite, should be so arranged as,

1st, To leave in the vessels the least quantity of blood consistent with health.

2d, To increase the amount of fibrine.

3d, To diminish the amount of watery constituents.

To gain the first, we of course (and every patient would agree to the proposition) should reduce the total amount of food taken, when lying constantly without exercise, from what it would be when in exercise. But is it necessary to reduce it to one fifth or one sixth the amount, as Valsalva and Dr. Tuffnell do?

* A Treatise on Human Physiology, by John C. Dalton, M.D. Philadelphia, 1859.

Why would not one half or one third of the amount be sufficient to gain the end we have in view, and that without inflicting the distress of hunger or thirst upon our patient? I suggest this as a thought bearing upon the still further modification of Valsalva's really excellent plan. It seems to me that it is better than the starvation plan followed by him and Tuffnell. 2d. How shall we increase the amount of fibrine? Evidently all substances capable of being converted into fibrine should be used, and others kept in abeyance or wholly eschewed. Milk, eggs and meat would, I think, according to Liebig, be preferable for this end. Dr. Hammond* sustains this view, and by direct experiment on himself proves that the ends I propose are brought about by an albuminous diet; viz., the water is lessened, the fibrine and generally the solid substances of the blood are increased. His experiments in the use of starch prove that fibrine may be increased by that article also, but the blood will be otherwise deteriorated and the health impaired, which evidently we do not want. 3d. We could diminish the watery elements by diminishing drinks and succulent vegetables. Some liquids are absolutely needed, but why keep the patient constantly thirsty? Let him take small quantities often. Let him rinse the mouth or chew his pebble, as Dr. Tuffnell suggests, and thus excite the salivary glands and relieve thirst.

But does physiological chemistry teach us as yet how to thus *materially* modify the characteristics of the blood? I am not aware of any physiological experiment to meet this desirable end, and it is well worthy of our serious attention. May it not, therefore, be suspected that too much stress has been laid by all, from Hippocrates down through Valsalva and Tuffnell, upon this element in the Hippocratic plan? It may, indeed, be asked, whether Valsalva and Albertini did not wholly misunderstand the meaning of Hippocrates when, instead of his "dry" diet, they tried the "starvation" plan that has been followed ever since. May not the third element, viz., the perfect quiescence and horizontal posture of the patient, be the *main* principle of the three, the other two—viz., the venesection and the dieting—being only subsidiary and to be used *rationaly* in connection with the greatest power of the three, the absolute rest in a horizontal posture?

Let us now examine this third great principle of Valsalva, viz., that of rest in a horizontal posture. There is no evidence that, although he used it, he laid great stress upon it or considered it otherwise than subsidiary to his other principles of treatment—viz., repeated venesections and the dry diet of Hippocrates, or nearly starvation system carried out by himself, and which has been followed so closely by Dr. Tuffnell—so closely, in fact, that both have met with the same difficulties, viz., the unwillingness of patients to sub-

* Physiological Memoirs. Philadelphia, 1863.

mit to the plan proposed. Let me remark, *en passant*, that it is very curious to notice in this history of the treatment of aneurism how each writer has been influenced by the great laws of public thought prevailing in his day. At the time of Valsalva every one bled freely. It was considered that venesection *saved life* in thousands of cases of disease, and that even the healthy might not only with impunity, but with absolute benefit, be freely bled at times and without any grave symptoms being present to indicate its necessity. I can remember, when I was a pupil, that men would demand of me the use of my lancet because they "had always been bled in the spring." How different the fact now. A physician of twenty years' practice told me a few weeks since that he had no lancet, and that he really did not know practically how to bleed. Of course, therefore, Valsalva's plan was doomed to utter contempt at this present day if phlebotomy to any amount was to be allowed as the prime means of cure. But fame said that by it the old masters had cured not a few patients. Our medical maxims of the present day would almost deny the possibility of cure by such means, and we are necessarily led to seek for some other explanation of Valsalva's success. Tuffnell seeks for it in rest and a very restricted diet. He proves the value of rest to be immense. May it not, I repeat, be the *chief* element, aided, in a small degree, by a *modified* diet rather than a greatly restricted one? In 18—, Dr. Bellingham recommended the treatment of aneurism by simple pressure and by restraining the current of blood. There is nothing more powerful in the whole range of medical treatment upon the force and rapidity of the current of blood in the arteries than the change from a standing to a recumbent position. We have already seen that in one of his cases Dr. Tuffnell reports a difference of thirty beats, viz., from 96 standing to 66 lying, or 1800 beats per hour less when recumbent than when standing, or 26,600 beats in twelve hours! How enormous must be the influence, provided it be a constantly observed fact. I made some few investigations on this point, which seem to confirm Dr. T.'s views, although the difference is not so great as he gives.

In my own family, from five healthy persons, I got the following result:—

	Age.	Standing.	Sitting.	Lying.	92 radial pulsations per minute.			
Boy	13	114	94	58	"	"	"	"
Woman	25	68	70	58	"	"	"	"
"	25	80	72	74	"	"	"	"
"	40	62	64	60	"	"	"	"
Man	57	84	74	60	"	"	"	"
Averages		81.6	74.8	70.0	"	"	"	"

or 11.6 pulsations less in the lying than in the erect posture, which is equal to 666 less pulsations in an hour when lying than when erect.

At the Massachusetts General Hospital, Mr. Nichols, House Physician, kindly obtained for me the following:—

In Surgical Cases without Organic Disease.

	Age.	Erect.	Sitting.	Lying.
Male	23	74	55	48
"	25	78	60	55
"	27	84	71	67
"	23	90	75	65
"	24	100	88	84
"	23	84	76	64
"	32	70	65	64
"	30	76	72	64
"	35	88	78	70
"	19	88	78	76
"	33	76	64	64
"	65	96	82	72
Female	34	96	94	90
"	28	80	76	70
Averages		91.42	73.85	68.07

Diseased Persons.

	Age.	Erect.	Sitting.	Lying.
Male	28	86	82	76
"	50	82	70	68
"	31	88	78	74
"	40	108	100	92
Female	13	110	88	76
"	40	82	76	70
"	25	92	82	80
"	60	94	92	82
"	15	100	90	84
"	34	88	72	66
"	32	102	88	80
Averages		93.81	83.45	77.09

These tables seem to indicate that the average pulse is more rapid in the diseased than the healthy in all three positions. This might be anticipated. In each class, the standing position increases very much the rapidity of the pulse, but rather more in the healthy than in the unhealthy, being 23.35 more in the former to 16.72 more in the latter class. These results are entirely analogous to those noticed by Dr. Guy, of London, many years ago.* Thus, in one hundred healthy males of the mean age of 27, Dr. Guy found the mean numbers of the pulse was, while standing, 79; sitting, 70; and lying, 67. He found, also, that by raising a person without allowing him to make any muscular effort the pulse was but very little altered, thus proving that it is the muscular effort made in standing erect, rather than the position itself, which is the cause of a quickened pulse.

Comparing this powerful influence on the rapid flow of the blood with the little real influence that we can have on the composition of the blood by any diet, and the doubt one has as to whether the increase of the fibrine is really a desirable object to be obtained, and that it forms but a very small constituent part of the circulating fluid, I think we are led to suspect that, after all, this element of quiet in a horizontal position is the most important agent of all the three originally proposed even in Hippocratic days, hinted at and

* Guy's Hospital Reports, Nos. vi. and vii.

followed by Valsalva, and distinctly pressed upon our notice by Dr. Tuffnell, but after all not really so much relied upon as it ought to have been by him or by his predecessors. On the contrary, he evidently considers the very restricted diet as a very important part of the treatment, and he carries this to so great an extent as may hereafter prevent, as it has already prevented, many from submitting to it. This brings me to the final suggestions I wish to make upon this subject. Why not, without giving up either of the principles laid down by Valsalva, use *all of them rationally* and neither of them *heroically*, unless the very quiet rest of the body be considered heroic? Let me touch again upon each one.

1st. Venesection. I should have no hesitation in using venesection to a moderate amount in any case where the pulse was full and strong, and there was much pain and throbbing in an aneurismal tumor. I would use it once, perhaps twice, at intervals of days, to a moderate amount—to ten or possibly twelve ounces at one time. Leeches might certainly be used where there was much local pain or swelling.

2d. Diet. I would simply reduce it to that amount that would just satisfy without overloading the stomach. It should consist of the usual simple meats and vegetables. I should certainly use eggs and meat and albuminous substances generally, in preference to others. I should think the food might be reduced one half.

3d. I would rigidly enjoin *absolute rest horizontally*. The patient should not *once rise* for two or three months. He should have, as Dr. T. suggests, a room as perfectly agreeable as possible, and attendants to aid and amuse him. I would have a bed made for his convenience, and an apparatus by crank, pulleys, &c., to raise him twice daily, still in a horizontal posture, so that the back could be bathed and the bed made anew.

4th. Various medicinals, of course, might be used, according to the peculiarities of the case—among others, perhaps, digitalis, veratrum viride, &c., tending to lessen the frequency of the pulse. So tonics, laxatives or opiates might at times be required.

By this means we may hope, I think, to check if not permanently cure some cases of internal aneurism, even of the most serious character. I sincerely hope that if any member of the Society has a case of internal aneurism, he will think of the plan and faithfully report to us the result.

IN a recent suit for mal-practice, in which Dr. J. W. Smith, of Charles City, Iowa, was defendant, and E. M. Brown (who was treated by Dr. S. for a fracture of the leg caused by the kick of a cow) plaintiff, the jury brought in a verdict of "not guilty."

AUTOPSY OF PROBST THE MURDERER.

To the Editors of the Boston Medical and Surgical Journal.

SEVERAL important experiments, and an exceedingly interesting autopsy, have been afforded during the past week by the execution of the fiendish villain, Anton Probst, whose crime the whole country thinks of with horror, and who was hung last Friday, at fifteen minutes before eleven o'clock, A.M. The body, through the courtesy of the Prison Directors, was turned over to the Faculty of the Jefferson Medical College, for scientific inquiries. I give you, below, as concise and brief an account of the facts relative to the case as possible.

Death took place very quietly, with no violent contortions of the body. After hanging twenty minutes, the body was taken down, and handed over to the scientific commission present. It was placed upon a chair, and, by the aid of the electric spark, the eye was examined with the ophthalmoscope, by Drs. Wm. H. Pancoast and Dyer. The popular idea, lately promulgated, that the impression of the object last seen remained on the retina, was, of course, entirely disproved. I may say here, that the electric battery employed was probably the most powerful one ever used on such an occasion. The lens and capsule were transversely fissured. The iris did not contract under the strong impression of the galvanic battery. Prof. Rand personally superintended the operation of the battery, and on applying the poles to the various muscles of the face, they assumed various expressions, and by the same means the legs and arms were moved wildly about.

The body was then transferred to the college, and on Saturday at 4, P.M., the autopsy was made before a crowded audience, composed of men of all professions and vocations. The law and our own profession were well and fully represented. Dr. W. H. Pancoast, Demonstrator of Anatomy, performed the examination, assisted by Dr. James Taylor and myself. Dr. Pancoast delivered a very interesting lecture to the assembled audience. The furrow caused by the rope was well shown, embracing the entire neck, excepting the space of $\frac{3}{4}$ of an inch, just beneath the left ear, over which had been placed the knot. The tissues subjacent were found compressed and dry. Jugular veins distended with blood, carotid arteries empty. Upon making an incision in the cervical region, the sterno-cleido-mastoides of the right side bulged freely into the wound, showing a rupture of the lower part of the muscle. The hyoid bone was found fractured in both cornua, the body remaining intact. Larynx and trachea normal. There was no dislocation or fracture of the cervical vertebrae. The odontoid process of the axis was intact, neither the transverse or check ligaments being ruptured. The spinal cord was perfectly natural, revealing not the slightest sign of disturbance. On dissecting off the scalp, the vessels were found congested. After the removal of the calvaria the proper coverings of the brain were

found healthy. No congestion was found in the brain substance proper; no fluid in ventricles. Weight of the brain 2 pounds 4 ounces, being four ounces less than Green the Malden murderer's brain weighed. Lungs healthy. The heart was found entirely empty, the right as well as the left side, proving death not to have been due to apnoea. The ascending and descending vena cava, aorta and pulmonary artery, all were empty. Weight of heart, nine ounces and six drachms.

On the morning of the execution, the murderer, at quarter past eight o'clock, partook heartily of a breakfast consisting of two soft boiled eggs, three pieces of bread, and a large tea-cup full of coffee. In two hours and a half his body was swinging between heaven and earth, and yet, what is a remarkably interesting physiological feature in the case, upon cutting into the stomach it was found *almost entirely empty*, and upon opening the small intestines, digestion and chylication were found to have been not in the least impaired by the terrible mental agony the murderer must have suffered in those two hours, but, on the contrary, had gone on to the last with perfection. Liver normal. Weight, three pounds and three and a half ounces. The spleen was very much enlarged, and distended with blood. Could not this organ have acted decidedly as a diverticulum in this case, and in some degree have accounted for the lack of congestion noticed in the lungs, heart and brain? Kidneys congested. Weight of right kidney, five ounces, three drachms and two scruples; that of left kidney, six ounces, two drachms and two scruples. The bladder was healthy, containing about three ounces of urine. Dr. Pancoast stated, as his opinion, the cause of the death to be simply from shock inflicted upon the nervous system, caused by the pressure and tension upon the pneumogastric and phrenic nerves by the fatal rope. This opinion was substantiated by Drs. Hunt, Packard, Nebinger, S. W. Gross, Jewell, and other prominent medical men present. Here was a man, therefore, who had been hanged, and was hanged until he was dead, according to a just law, and yet there is no congestion of the brain, lungs or heart; no laceration of the spinal cord; no dislocation or fracture of the cervical vertebrae, and no laceration of the trachea or larynx, but simply a rupture of the sterno-cleido-mastoideus of the right side, with a fracture of the cornua of the os hyoides.

The case is one of great interest, and undoubtedly will always be of paramount medico-legal value. There has been much importance attached to the case among the medical profession here, and it must prove of interest to your readers. E. R. HUTCHINS, M. D.

Philadelphia, Pa., June 11, 1866.

Cattle Disease in the Madras Presidency.—The cattle disease has spread to an alarming extent in Burmah, and in some cases is said to have affected the human species.

Reports of Medical Societies.

ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—THE MEETINGS OF THE SECTIONS.

Section on Chemistry and Materia Medica.

Dr. William B. Atkinson, of Penn., was elected Chairman, and Dr. Augustus Mason, of Mass., Secretary of the Section.

But one paper was presented to this Section, which was by Dr. A. Mason, of Mass., on the *Use of Aluminum as a Base for Artificial Teeth*, as a substitute for gold and other metals, and red vulcanite. Dr. Mason exhibited specimens of teeth thus mounted, and the paper was referred to the Committee on Publication.

During the remarks on this subject, it having appeared that various substances of a noxious nature were in constant use by dentists, a committee was appointed to report at the next annual meeting, on the Deleterious Articles used in Dentistry. *Committee*—Drs. Augustus Mason, Mass.; H. H. Pillsbury, Mass.; A. K. Gardner, N. Y. Adjourned.

Section on Meteorology, Medical Topography, and Epidemic Diseases.

The Section was called to order at 3½ o'clock, P.M., May 1st, 1866. Dr. B. H. Catlin, of Conn., was chosen Chairman, and Dr. N. S. Davis, of Ill., Secretary.

A letter from Dr. R. C. Hamil, of Chicago, member of the Committee on Meteorology and Epidemics for the State of Illinois, was presented to the Section, stating that important progress had been made in preparing a report, and asking for further time to complete it. On motion of the Secretary, Dr. Hamil was continued a member of the Committee another year, and requested to report in full at the next annual meeting of the Association.

The following resolution was offered by the Secretary, and after some remarks on the importance of the several sections of the Association, and the necessity of their perfecting a more permanent and systematic organization, it was adopted as follows:—

Resolved, That the Section on Meteorology, Medical Topography, and Epidemics, appoint a committee to prepare rules for the permanent organization of said Section, with instructions to report at the opening of the Section to-morrow.

Drs. N. S. Davis, of Ill., and B. H. Catlin, of Conn., were appointed said committee.

On motion, the Section adjourned to 3 o'clock, P.M., to-morrow.

WEDNESDAY, May 2d, 1866.—The Section was called to order at 3 o'clock, P.M., Dr. B. H. Catlin in the chair. The minutes of the meeting on the previous day were read and approved.

Dr. N. S. Davis, from the committee appointed to report rules for more efficiently organizing the Section, reported as follows:—

By-Laws of the Section of Meteorology, Medical Topography, and Epidemics.

1st. The officers of the Section shall consist of a President and Sec-

retary, who shall continue their office one year, and until their successors are elected.

2d. The Secretary shall keep a fair record of the doings of the section, with an abstract of all discussions of papers and questions acted upon by the section, and report the same to the Association, or to the Permanent Secretary of the Association, within thirty days after the adjournment of each annual meeting.

3d. When any report, paper or question is read to the section, it shall be subject to a full discussion, but no member shall speak more than once on the same subject, until all others who wish to speak have been heard.

4. Every report or paper referred to the section shall receive a sufficient examination, to determine fully its contents and merits, before it can be recommended for reference to the Committee of Publication. And whenever reports or papers are presented of such length and nature that the section cannot give them the necessary examination during the limited time of its annual sessions, it shall refer them to a sub-committee, with instructions to complete their examination, and report the result to the Permanent Secretary of the Association, within thirty days after the adjournment of the annual meeting.

5th. It shall be the duty of the section to select such topics for original investigation, and refer them to special committees, as will be best calculated to increase our knowledge of those departments of medical science placed in charge of the section.

On motion, the report of the committee was accepted, and the foregoing rules adopted unanimously.

The Secretary stated that a paper had been referred to the section for consideration, on the "Etiological and Pathological relations of Epidemic Erysipelas, Spotted Fever, or Cerebro-Spinal Meningitis, and Diphtheria," by Dr. N. S. Davis, of Chicago, Illinois.

The reading of the paper having been called for, it was read in full by the author. It was listened to with interest and attention; and the allusions in it to the etiology of epidemics generally, led to a very interesting discussion of the question, of how far *local meteorological and sanitary* conditions influence the origin and spread of epidemic cholera.

Dr. Woodward, of Fort Wayne, Indiana, said that sporadic cases of genuine spasmodic cholera occurred in his locality every summer. He stated that two cases came under his observation during the summer of 1865, presenting all the phenomena of true cholera, as perfectly as he had ever observed in the midst of an epidemic of that disease. He thought epidemics usually originated from an exaggeration of the same local influences that gave rise to sporadic cases, as suggested in the paper just read.

Dr. Worthington Hooker, of New Haven, Conn., stated that he had seen cases of real cholera during its epidemic prevalence, so perfectly disconnected from all other cases, that contagion or communication was not possible. He could attribute such cases to no other than local causes. He stated that there appeared to be three theories in relation to the origin and spread of cholera. The first was that which made it depend entirely on a specific poison of a contagious and portable character. The second made the disease depend upon an infectious poison or miasm, capable of acting only when there are special

local qualities of the atmosphere favorable for its action or increase. The third attributes its origin and spread exclusively to local meteorological and sanitary influences. His own convictions were, that in periods when the cholera prevails as an epidemic, certain unexplained telluric influences are added to local causes, which render the latter more active, and give to the disease greater tendency to spread from place to place with some regularity.

Dr. Stockwell, of Michigan, gave an interesting account of the prevalence of epidemic cholera on one side of the St. Clair river, during the summer of 1854, in a limited district, while the other side of the river and surrounding places were exempt, though intercourse remained entirely unobstructed. In the district where the disease prevailed, the soil was level, and immediately underlaid with tenacious clay, thereby preventing ready escape of the surface water, and exerting an influence on the electrical condition of the atmosphere. The soil on the other side of the river was sandy and porous, allowing of the most rapid percolation of water.

Dr. N. S. Davis, of Illinois, remarked that we were yet without the data necessary for determining with certainty either the origin or mode of spread of cholera. If we accept one series of facts, and confine our attention to them, we shall be led directly to the doctrine of contagion and portability. If we accept another series of facts, equally well established, we shall be just as certainly led to the conclusion that cholera arises from local causes. But if we examine critically the circumstances claimed as facts in either series, it will be found that a large proportion of them have been so imperfectly observed, or recorded in such careless general terms, that they are of very little value. He had participated actively in the study and treatment of five different epidemics of cholera, and so far as his own observations were concerned, they led him directly to the conviction that the disease neither travels from country to country, nor propagates itself by contagious virus, or infectious dejections. He mentioned many facts of interest, but claimed that we could not settle definitely the origin of epidemics until more systematic meteorological and sanitary records were kept from year to year, in connection with equally exact records of the prevalence and specific character of diseases. When this has been done long enough to cover the periodical return of two or three epidemics, we shall be able to command all the elements necessary for a comparison, *etiologically*, of epidemic seasons, with those which precede and follow. Then, and not until then, can we, with confidence, deduce such conclusions as should guide, both the profession and the municipal authorities, in the adoption of sanitary laws.

On motion of Dr. Wilson, the paper that had been read to the section was referred to the Committee of Publication.

The following resolution was offered by Dr. Davis, and adopted, viz. :

Resolved, That the Secretary of this section be requested to enter into correspondence with the members of the Committee on Meteorology and Epidemics in the several States, and such other persons as he may think proper, for the purpose of establishing a uniform system of meteorological and sanitary records, embracing the thermometric, barometric, hygrometric, electric, and ozonic conditions of the atmos-

phere; the topography, and the sanitary conditions; in connection with a coincident record of the kind, special character, and extent of the prevalent diseases, at representative points throughout the whole country.

On motion, the section adjourned.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 14, 1866.

AMERICAN ASSOCIATION FOR THE RELIEF OF THE MISERY OF BATTLEFIELDS.

AN association bearing the above name has recently been organized in this country, the benevolent purpose of which is sufficiently set forth in its title. We have all become too familiar with the horrors and suffering of war since 1861 to regard lightly any effort to alleviate the misery which follows in its train. The humane efforts of the Sanitary Commission and other similar organizations during our struggle, have made it plain enough to all, that the relief organizations belonging to the army proper can never be sufficient to do all that might be done for the prompt and efficient relief of the large numbers of sufferers after any important military engagement. The great good done by these associations has led some of their most active and influential members to take up in this country a movement which in Europe has already met with very general approval. Its object is in time of peace to prepare for the suffering of war, by the training and preparation of suitable relief corps, by procuring for all engaged solely in ministering to the sick and wounded perfect protection in their labors, and in every possible way to alleviate the horrors attendant on a state of warfare.

The movement in Europe was commenced in 1863, by an eye-witness of the suffering subsequent to the terrible battle of Solferino. Monsieur J. Henry Dunant published at Geneva a narrative of his experience at that time, and originated the new movement which has now secured the coöperation of most of the European powers. His narrative attracted very general notice throughout Europe, and the Geneva Society of Public Utility appointed a commission of five to secure the general expression of public sentiment in aid of his propositions. This commission took up the subject with great earnestness, and after a conference attended by official delegations from fourteen governments, undertook, under the title of *Comité Internationale de Secours aux Militaires Blessés*, to secure by legal enactments the embodiment of the proposals of the conference. The articles agreed upon, at its suggestion, by twelve of the European governments are ten in number, and most humane and wise in their provisions. Space does not permit us to copy them in full, but the following abstract gives a condensed summary of their purport.

All ambulances and hospitals are to be acknowledged neuter, to be protected and respected as such so long as they contain any sick or wounded. All the officers connected with them in any way shall

share the benefit of this neutrality, even although they should come into the possession of the enemy, and shall be delivered over in safety to the army with which they are associated when their functions have ceased. Inhabitants of the country which is the seat of war who may bring help to the wounded shall share the same immunity, and any house in which a wounded man shall be taken care of shall be protected by his presence, and shall be in consequence exempted from any subsequent quartering of troops; and the dwellers therein from part of the contributions of war which may be levied. It is also made the special duty of Generals of the belligerent powers to appeal to the humanity of the inhabitants of the occupied country and to inform them of the privileges secured to them by their benevolent action. The wounded and sick are to be entertained and taken care of irrespective of their nationality, and after an engagement, when circumstances permit, and with the consent of both parties, the wounded may be delivered at once to the army to which they belong. Those permanently disabled, after recovery, shall be sent to their own country, and others may be sent back on condition of not bearing arms during the war. A distinctive flag is to be adopted for hospitals and ambulances, and an arm badge for the individuals employed about them, which are to bear a red cross on a white ground. The remaining articles provide for the details of execution and for the communication to those governments which have not joined the league of the terms of agreement, and an invitation to them to accede thereto. The whole were ratified at Geneva, August 24th, 1864. The articles were signed by the representatives of Italy, Baden, Belgium, Denmark, Holland, Spain, Portugal, France, Prussia, Saxony, Wurtemberg and the Federal Council of Switzerland.

In the present aspect of European affairs the provisions thus agreed to come at once into practical significance. There are several important omissions in the list of States as published; among others that of Austria, which must seriously obstruct the carrying out of the benevolent designs of their originators. It is to be hoped, however, that even in the event of a general European war, it is not yet too late to bring into the agreement all the powers that have not heretofore joined in it. The movement in this country to associate the United States with the European nations in this benevolent project, is deserving of general approval, although we are happily removed from the complicating causes which at all times make a general peace on the other side of the Atlantic so precarious. We hope our National Government will not delay to set its seal to the articles.

The officers of the American Association are—Dr. Henry W. Bellows, President, and Charles L. Brace, Secretary; and the names of seventeen other prominent gentlemen in New York and elsewhere are published, to constitute, with such others as may hereafter be elected to membership, a Central National Committee, auxiliary to the Geneva International Committee. At the first meeting, held in January last at the rooms of the Sanitary Commission in New York, it was stated that at that time the only governments which had not united in this organization were Turkey, Austria and the United States. We cannot doubt that the humane provisions which it is intended to secure must soon unite the whole civilized world in this benevolent compact.

Death of Dr. Charles H. Stedman.—The death of this well-known and respected physician took place quite suddenly on Friday evening, after a confinement to the house of only three days. The cause of his death was found at the autopsy to be extensive fatty degeneration of the heart, which had produced a rupture of the left ventricle and an extensive effusion into the pericardium. The case will be reported in full hereafter, and our limited space compels us to defer to a future occasion the further remarks which the decease of a member of the profession so widely known and regarded as Dr. Stedman naturally suggests.

Providence Medical Association.—At a recent meeting of the Providence Medical Association, the decease of Dr. Nathaniel Miller having been announced, the following resolutions were adopted:—

Resolved, That we mourn the loss, by protracted disease and death, of a member of our Association, already eminent for practical skill, and who gave promise of lasting usefulness in the community.

Resolved, That we sincerely sympathize with the family of the deceased, and especially with his honored father, in this bereavement.

Resolved, That we will attend the funeral of the deceased.

Resolved, That these resolutions be communicated to the father of our deceased associate, and entered on our records.

W. H. TRAVER, *Secretary*.

G. L. COLLINS, *President*.

Cholera in New York.—Since the 30th of April, several cases of cholera have been reported in New York City. One of the latest, a fatal case, is said to have been that of a woman who washed the clothes of a previous patient. No evidence has been published, that we have seen, that these cases are traceable to those at quarantine, and so far they go to sustain the theory of the possibility of this disease being produced by epidemic or endemic causes alone. Nevertheless, if there be a special tendency to its development, there is all the more reason for keeping away as far as possible from contact with the mass of the population everything like an exciting cause, and therefore for still maintaining a rigid quarantine. Sporadic cases, not distinguishable from Asiatic cholera, occur in our large communities every year; we have ourselves attended two such within a few years. Whether under certain atmospheric conditions such cases may become the starting point of an epidemic is a question deserving of grave consideration.

Rinderpest in the United States.—The Secretary of the Maine Board of Agriculture, S. L. Goodale, Esq., gives an unusually intelligent account of the appearance, in the latter part of April, of a grave disease in a herd of cattle at York, in that State, which looks exceedingly like the fatal disease which has been so destructive to the herds in Europe during the past year. His account of the symptoms and *post-mortem* appearances is very clear, and leaves no ground for belief that it is pleuro-pneumonia. In accordance with the recent alleged discovery of Prof. Polji of the power of alkaline sulphites to arrest the action of the causes of zymotic disease as they do fermentation, the Secretary administered small doses of the sulphite of soda to the

unaffected cattle of the herd, and the disease was arrested, as he modestly says, "whether in consequence of giving a harmless salt, or merely coincident with it, I cannot tell." Perfect isolation of the herd was maintained, and it is hoped the disease will extend no further. It is also stated, on the authority of the President and Secretary of the New York State Agricultural Society, that rinderpest exists among the stabled cows of New York and Brooklyn; but as no account of the disease is furnished we accept the statement with doubt. It is also stated, on official authority, that "rinderpest, or pleuro-pneumonia," exists among the cattle of Pennsylvania; but as this statement is evidently made under the impression that the two diseases are identical, nothing can be learned from such an ignorant announcement.

The Brain of Green the Murderer.—The following is the correct report of the examination of Green's brain. The account published in the JOURNAL a few weeks ago was inaccurate in several particulars. The substance of the brain was normal in appearance and firmness; slight extravasations were noticed on the cerebrium near the longitudinal fissure, near the left fissure of Sylvius and on the upper surface of the cerebellum.

Weight of the whole brain 2 lbs. 8 oz.

" " cerebrium 2 lbs. 3 oz.

" " cerebellum, with the medulla oblongata, . 5 oz.

Cerebrium : cerebellum :: 7 : 1.

In average cases they are as 8 : 1. Green's cerebellum, though absolutely small, was relatively large.

The specific gravity of the brain, the average of three determinations, was 1043.

In proportion to the size of the body, Green's brain was somewhat larger than the average. Taking the average weight of the brain at 3 lbs. and that of the body at 140 lbs., the weight of the first would be to that of the second as 1 : 46 $\frac{2}{3}$. Green's body is stated to have weighed 100 lbs.; assuming this to be true, the weight of his brain was to that of his body as 1 : 40.

Stevens Triennial Prize.—A Prize Fund of One Thousand Dollars has been established by Alexander H. Stevens, M.D., Ex-President of the College of Physicians and Surgeons, New York, for the improvement of Medical Literature, on the following plan.

Each Prize, to be accorded triennially, is to consist of the interest yielded by the Principal Fund during the preceding three years, and will amount to about Two Hundred Dollars.

The administration of the Prize is intrusted to a commission, consisting of the President of the College of Physicians and Surgeons (*ex-officio*), the President of the Alumni Association (*ex-officio*), and the Professor of Physiology (*ex-officio*) in the same institution.

The following subjects have been selected, at the request of Dr. Stevens, for the first triennial Prize under this Fund.

- 1st. The best means of preventing death after surgical accidents.
- 2d. The History of Improvements in the Medical Art, and the means by which they are attained.

The competing essays on either of the above subjects must be sent in to the President of the College of Physicians and Surgeons, New York, on or before the first day of January, 1869. Each essay must be designated by a device or motto, and must be accompanied by a sealed envelope bearing the same device or motto, and containing the name of the author. The envelope belonging to the successful essay will be opened, and the name of the author announced, at the Annual Commencement of the College in March, 1869.

This Prize is open for universal competition.

EDWARD DELAFIELD, M.D.,

Pres. of Coll. of Physicians and Surgeons.

ALFRED C. POST, M.D.,

Pres. of Alumni Assoc. of Coll. of Physicians and Surgeons.

J. C. DALTON, M.D.,

Prof. of Physiology in Coll. of Physicians and Surgeons.

American Ophthalmological Society.—This Association is holding its third Annual Meeting during the present week. The first session was held on the 12th at the Boston Eye and Ear Infirmary, and we learn that its proceedings were of great interest. In the evening the Association, with many gentlemen of the medical profession of this city and neighborhood and other prominent citizens, were entertained by Dr. John H. Dix, at the Hotel Pelham, in the most elegant and hospitable manner. The second session was held at the City Hospital. In our next number we hope to lay before our readers a full report of the transactions of the meeting.

Iowa State Medical Society.—The annual meeting of this Society was held at Davenport on May 9th, and the following gentlemen were elected officers for the ensuing year:—*President*, Dr. John W. H. Baker, of Scott. *Vice-President*, Dr. James C. Lay, of Dubuque. *Recording Secretary*, Dr. Washington F. Peck, of Scott. *Corresponding Secretary*, Dr. Abram M. Carpenter, of Lee. *Treasurer*, Dr. M. B. Cochran, of Johnson. The session lasted two days, and several communications of interest were presented. The annual address was delivered by Dr. John H. Rauch.

Vermont Medical Society.—The semi-annual meeting of the Vermont Medical Society will be held at Brattleboro', in the lower Town Hall, on Wednesday and Thursday, June 13th and 14th inst., commencing at 10, A.M., of Wednesday. The present meeting promises to be one of absorbing interest to the profession throughout the State, and we trust it will be largely attended.

American Medical Association.—Our report of the proceedings of this Association is made up from the *Baltimore Sun's* report of the first day, kindly sent us by the President, Dr. D. H. Storer; from corrected slips from the *New York Medical Record*, supplied to us by the Secretary, Dr. Atkinson, and from his report as published in the *Philadelphia Reporter*; and we beg thus to acknowledge the favors received from these gentlemen.

Messrs. Editors.—Various substances—such as dextrine, starch, plaster of Paris, &c.—have been used for the support of a fractured limb after the removal of splints; but nothing equals glue, used in the following manner. It should be dissolved as for mechanical purposes. The limb should be well greased to prevent the glue from sticking; a woolen stocking leg, fitting snugly, is then to be drawn on, and with a small brush to be saturated with glue. Next apply a roller, two or three thicknesses, which will absorb glue enough from the stocking to hold it. Place the limb upon a splint till the glue hardens, which will require about three hours. A space about one fourth of an inch wide the whole length of the stocking should be left unglued, for the purpose of cutting open the splint if the limb should swell. It can be replaced, and two or three pieces of tape tied around to hold it in position. I am fully persuaded, if surgeons will try this method that they will never resort to any other.

It is quite as useful in the treatment of congenital club feet. All must have experienced great difficulty in keeping a foot in position by any mechanical apparatus, however ingeniously constructed. A glued stocking will accomplish it perfectly. It should be applied as in the case of a fracture, only a stocking, instead of a stocking leg, should be employed. The foot must be held in position by the hand of some one till the glue hardens. The space unglued should pass over the dorsum of the foot and up the shin. The splint should be cut open along this space, and removed two or three times a day for the purpose of rubbing and moving the foot, then re-applied and held in place by two or three pieces of tape. When the child begins to stand or walk, the usual steel or iron apparatus should be attached to a common shoe, to be worn during the day, and the glue stocking at night, as long as it may be necessary. By this apparatus the foot is held perfectly in place, without discomfort to the child, and cases may be treated by any physician with perfect ease. It is equally well adapted to older persons. All must have seen the steel or iron apparatus usually worn, so that a description is unnecessary. I will simply add, that the steel straps may be attached to a stout shoe, and that there should be a joint at the knee, and the apparatus should extend part way up the thigh.

W. D. BUCK, M.D.

Manchester, N. H., June, 1866.

Appointment in Harvard Medical School.—Dr. David W. Cheever has been appointed by the Corporation of Harvard University Assistant Professor of Anatomy in Harvard Medical School.

Medical Graduates.—At the annual commencement of the University of Pennsylvania, held on the 14th of March, 1866, the degree of M.D. was conferred on 165 candidates; at Jefferson Medical College, Philadelphia, on the 10th of March, on 165 candidates; the Medical Department of Columbia College, New York, on the 9th of March, on 112; by the University of the City of New York, on the 2d of March, 78; by Bellevue Hospital Medical College, Feb. 24th, on 172. Yale College conferred the degree of M.D. on 12 candidates in January last; Rush Medical College, on 90 candidates in January; Chicago Medical

College, on 22 in March; the University of Buffalo, on 40 candidates in February.

Medical Intelligence.—The French Emperor has granted 300 medals—10 in gold, 178 in silver, and 112 in bronze, to those of the medical profession who evinced zeal and devotedness in the care of the sick during the late visitation of cholera.

Out of 100 children born in Norway, 83 attain the age of five years; in Sweden, 80; in Denmark, 80; in England, 74; in Belgium, 73; in France, 71; in Prussia, 68; in Holland, 67; in Austria, 64; in Spain, 64; in Russia, 62; in Italy, 61.

The French delegates at the International Sanitary congress at Constantinople have presented a plan to maintain the strictest quarantine over all the Egyptian and Arabian ports, wherever the cholera shows itself among the pilgrims again, and to enforce the same by ships of war.

One of the late numbers of the London Medical Times and Gazette republishes several advertisements from our covers to illustrate the customs of American Physicians.

The Surgeon General has had constructed a beautiful model of the Hicks United States General Hospital at Baltimore, Md., which he designs to send to France, to be exhibited at the Paris Exhibition of 1867. The model is of wood, and is made on the scale of one inch to twenty feet.

A boy, four years and a half old, suffering from retention of urine, was made to inhale chloroform at the University Hospital of Berlin, to facilitate catheterism. In two or three minutes respiration ceased, and all means of resuscitation failed.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 9th, 1866.

DEATHS.

	Males.	Females.	Total
Deaths during the week	40	33	73
Ave. mortality of corresponding weeks for ten years, 1855—1865	36.0	32.8	68.8
Average corrected to increased population	60	00	75.04
Death of persons above 90	0	0	0

COMMUNICATIONS RECEIVED.—A case of Leucoderma, by Hall Curtis, M.D.—Excessive pain of a neuralgic character following amputation of the Forearm, by J. Stedman, M.D.—Case of Splenitis, or Enormous Enlargement of the Spleen, by Frank A. Young, M.D.—Case of Retained Catamenia, by H. C. Robbins, M.D.

DIED,—In this city, 8th inst., Dr. Charles Harrison Stedman, aged 61 years.

DEATHS IN BOSTON for the week ending Saturday noon, June 9th, 73. Males, 40—Females, 33. Abscess, 1—accident, 4—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 3—disease of the brain, 4—cancer, 2—cerebro-spinal meningitis, 1—consumption, 18—convulsions, 1—croup, 2—dropsy, 1—dropsy of the brain, 1—epilepsy, 1—intermittent fever, 1—gastritis, 1—hæmatemesis, 1—disease of the heart, 5—infantile disease, 3—disease of the hip-joint, 1—disease of the kidneys, 1—inflammation of the lungs, 3—marasmus, 4—old age, 1—paralysis, 2—rheumatism, 1—ulceration of the stomach, 1—stone in the bladder, 1—suicide, 1—tumor, 1—unknown, 3—whooping cough, 1.

Under 5 years of age, 21—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 14—above 60 years, 12. Born in the United States, 52—Ireland, 17—other places, 4.